

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 79340 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. a

Date of Death, April 14th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ed. Miller

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 516 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Labour

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 811 Peach ally

Cause of Death, { First (Primary), Phthisis Second (Immediate), Exhaustion }

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, April 18/87

{ Undertaker, Geo E Brown, J. J. Flannery M. D. }
Coroner. Medical Attendant.

{ Place of Business, Health Office Address, 1701 Dr. Hill av }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.
[OVER.]

HEALTH DEPARTMENT, BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99341

Office of Registrar of Vital Statistics.

Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1897

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kate and Wm Bowie (Parents)

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } female

Age, Years, Months, one Days.

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 125 Reister Court

Cause of Death, { First (Primary), Second (Immediate), } Spasms

Duration of Last Sickness, All its Life

All the above information should be furnished by the Physician.

Place of Burial, W. Park Cemetery

Date of Burial, April 19th 1897

Undertaker, Geo E. Brown

Place of Business, Health Dept Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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H. C. Seward S. I. [OVER.]

Health Department, City of Baltimore.

Permit No. 99342 Office of Registrar of Vital Statistics.

Ward 15^a

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CERTIFICATE OF DEATH.

Date of Death, April 18 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Philip Damast

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 61 Years, _____ Months, _____ Days.

Color, W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Rail Road Supervisor

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, { Give Street and Number. } 33 E Mont gomery

Cause of Death, { First (Primary), Second (Immediate), } Cancer of Pancreas

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Landon Park Cemetery

Date of Burial, April 21st 1887

{ Undertaker, Denny & Butcher } H. W. Ives M. D. Medical Attendant.

{ Place of Business, 288 S Broadway } Address, 106 B...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to last of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99343 Office of Registrar of Vital Statistics. Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 18th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fanny L. Maguire

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 30 Years, Months, Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Housewife

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1324 N. Caroline St.

Cause of Death, { First (Primary), Second (Immediate), } Acute Bronchitis
" Pneumonia "

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 21/87

Undertaker, Am S. Fry } Wm. E. Russell M. D.
Medical Attendant.

Place of Business, 307 N Broadway Address, 800 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99344 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 18/87

Full Name of Deceased, Mary E. Roh-

Sex, Male or Female, Cross out the word not required in this line.

Age, 20 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, Housewife

Birth Place, Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, 1108 E. Balto. St

Cause of Death, First (Primary), Pneumonia, Second (Immediate),

Duration of Last Sickness, 18 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, April 20/87

Undertaker, Wm S Fry

Place of Business, 301 W Broadway Address, 208 Carey with St

Edmund J. Aldred M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No.

99345

Office of Registrar of Vital Statistics.

Ward

10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4. 17. 87 -

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Dennis Brodton

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 60 ² Years, Months, Days.

Color, ed

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland - Poplar Springs

Duration of Residence in the City of Baltimore, About 30 yrs

Place of Death, { Give Street and Number. } 208 Linmeal

Cause of Death, { First (Primary), Consumption Lungs - Second (Immediate), Prostration }

Duration of Last Sickness, About 4 months

All the above information should be furnished by the Physician.

Place of Burial, St. Luke's

Date of Burial, April 14

{ Undertaker, John H. Hovers }

{ Place of Business, 502 Pearl }

Medical Attendant, M. D. 249 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 99346 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan Montgomery

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, about 28 Years, _____ Months, _____ Days,

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, House Keeping

Birthplace, { State or country, and now long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 6 months

Place of Death, { Give street and Number. } 1107 Division

Cause of Death, { First, (Primary,) Consumption Second, (Immediate,) General Exhaustion - Saw her only once a week ago }

Duration of Last Sickness, Has had cough 2 years - confined to bed 1 month

At the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 18, 1887

{ Undertaker, Abby Hunsley } Caleb Winslow M. D., Medical Attendant.

{ Place of Business, 561 Orchard St. } Address, 924 M. Bullot St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99347 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1887

Full Name of Deceased, Emily L. Hillary

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 Years, Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give Street and Number.} 1421 Mosher St

Cause of Death, {First (Primary), Second (Immediate),} Peripneumonic fever

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, April 20/87

Undertaker, J. B. Cook

Place of Business, 1003 W. B. alt. Address, 901 Mosher St

Medical Attendant, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99348 Office of Registrar of Vital Statistics. Ward 9¹¹/₉

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18, 1887

Full Name of Deceased, Joseph Egan

Sex, Male or Female, Male

Age, 81 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation, None

Birth Place, Ireland

Duration of Residence in the City of Baltimore, 68 years

Place of Death, 520 1/2 Charles St

Cause of Death, First (Primary), Old Age
Second (Immediate), Congestion of the Kidneys

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 21st April 1887

Undertaker, H. W. Jenkins & Sons

Place of Business, Park & Varatoga etc. Address, 345 1/2 Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Recession of Physicians is respectfully invited to the Registrar below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99349 Office of Registrar of Vital Statistics. Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17, 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Rafferty

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 31 Years, — Months, — Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balti City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 736 E. Chase St.

Cause of Death, { First (Primary), Second (Immediate), } Peritonitis
Collapse & Exhaustion

Duration of Last Sickness, 10 hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Ch.

Date of Burial, April 18, 1887

Undertaker, J. S. Byrne J. H. Robinson M. D.
Medical Attendant.

Place of Business, New No. 302 N. Gay Address, 725 Guernsey Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]